



**SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS**  
135 East Illinois, Suite 214  
Spearfish, SD 57783 605-642-1600  
[www.state.sd.us/doh/podiatry](http://www.state.sd.us/doh/podiatry)

### VERIFICATION OF LICENSURE IN OTHER STATE

Directions for **Applicant:**  
(Please Print or Type)

Complete this front portion of form and forward one to each state where you hold or have held a license to practice Podiatry.

TO: \_\_\_\_\_  
State Board

I, \_\_\_\_\_, am applying for a license in South  
Dakota to practice Podiatry based on endorsement. I was granted license # \_\_\_\_\_  
on \_\_\_\_\_, year \_\_\_\_\_ by the State of \_\_\_\_\_.  
My license expires/expired \_\_\_\_\_.

The South Dakota Board of Podiatry Examiners request that I submit verification that my license  
in the State of \_\_\_\_\_ is in good standing or was in good stand-  
ing at the time the license lapsed.

You are hereby authorized to release any information in your files, favorable or otherwise,  
directly to the South Dakota Board of Podiatry Examiners. Your early attention is appreciated.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Over)

Directions for **State Podiatry Board:**

(Please print or type)

Please complete and return this form to the South Dakota Board of Podiatry Examiners, 135 East Illinois, Suite 214, Spearfish, SD 57783.

Name of License: \_\_\_\_\_

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Please verify requirement met in your state:

\_\_\_\_\_ Graduated from a AMPA recognized school.

\_\_\_\_\_ Passed National Boards Date Exam Passed: \_\_\_\_\_ Score: \_\_\_\_\_

\_\_\_\_\_ Passed PM Lexis Date Exam Passed: \_\_\_\_\_ Score: \_\_\_\_\_

If possible, please supply a copy of examination results.

License Current? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Complaints or Disciplinary Actions: \_\_\_\_\_

Explanation of Above if Answer is Yes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

(State Board Seal)